

IN THE UNITED STATES PATENT AND  
TRADEMARK OFFICE

PATENT

Applicant(s): Diya Soubra, et al. Atty Docket No.: 50944.6100  
Serial No.: NYA Client Ref: 99RSS171  
Filed: Herewith Group Art Unit: NYA  
TITLE: OPERATING SYSTEM INDEPENDENT  
METHOD AND APPARATUS FOR  
TRANSPORTING VOICE-OVER-IP  
INFORMATION Examiner: NYA

DECLARATION FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled Operating System Independent Method and Apparatus for Transporting Voice-Over-IP Information, the specification of which:

☒ [X] is attached hereto.  
☐ [ ] was filed on \_\_\_\_\_ as Application Serial No. \_\_\_\_\_ and  
was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.

Priority Not Claimed

[ ]

Number

Country

Filing Date

[ ]

Number

Country

Filing Date

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below.

Application Number

Filing Date

Application Number

Filing Date

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s), or §365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information material to patentability as defined in 37 C.F.R. §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

Application Serial No.

Filing Date

Status -- Patent, Pending, Abandoned

Application Serial No.

Filing date

Status -- Patent, Pending, Abandoned

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first inventor: Diya Soubra

Inventor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Residence:

City

State/Country

Citizenship:

Post Office Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Full name of second joint inventor: Jonathan Peace

Inventor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Residence: \_\_\_\_\_  
City State/Country

Citizenship: \_\_\_\_\_

Post Office Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Full name of third joint inventor: \_\_\_\_\_

Inventor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Residence: \_\_\_\_\_  
City State/Country

Citizenship: \_\_\_\_\_

Post Office Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Full name of fourth joint inventor: \_\_\_\_\_

Inventor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Residence: \_\_\_\_\_  
City State/Country

Citizenship: \_\_\_\_\_

Post Office Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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